

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO/ *10/589563* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	5		5			
7	5		5			
8	5		5			
9	5		5			
10	5		5			
11	0		0			
12	0		0			
13	0		0			
14	0		0			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	0		0			
20	0		0			
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50						
TOTAL IND.			4			
TOTAL DEP.		39		39		
TOTAL CLAIMS		42		42		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						